



FORT SILL SCHOOL LIAISON SERVICES  
CHILD/YOUTH INPROCESSING SHEET



**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** 10 U.S.C 3013, 26 U.S.C 6041, DoD Directive 1015.2, DoD Instruction 10115.10, and E.O. 9397

**PRINCIPLE USE:** Information is needed in order to assist military families, reservists, and DoD civilians with school transitions.

**ROUTINE USE:** Information can be released per Routine Uses listed under applicable Privacy Act Notice.

**DISCLOSURE:** Voluntary.

Would you like the School Liaison Officer to contact you with information about local schools?  Yes  No

**K-12 CHILDREN OF MILITARY PERSONNEL**

Do you have any children in your family?  YES-Please fill out this form completely.  
 NO-Do not fill out the rest of this form.

Will you home school your children?  YES  
 NO

(If you will be home schooling your children, please continue to fill out this form).

1. CHILD'S NAME:	AGE:	GRADE:
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SCHOOL:	COUNTY OF SCHOOL:
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DOES THIS CHILD HAVE SPECIAL NEEDS?  YES  NO  
DOES THIS CHILD HAVE AN INDIVIDUAL EDUCATION PLAN?  YES  NO

2. CHILD'S NAME:	AGE:	GRADE:
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SCHOOL:	COUNTY OF SCHOOL:
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DOES THIS CHILD HAVE SPECIAL NEEDS?  YES  NO  
DOES THIS CHILD HAVE AN INDIVIDUAL EDUCATION PLAN?  YES  NO

3. CHILD'S NAME:	AGE:	GRADE:
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SCHOOL:	COUNTY OF SCHOOL:
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DOES THIS CHILD HAVE SPECIAL NEEDS?  YES  NO  
DOES THIS CHILD HAVE AN INDIVIDUAL EDUCATION PLAN?  YES  NO

**\*PLEASE LIST ADDITIONAL CHILDREN ON REVERSE SIDE\***

Signature of Sponsor/Spouse:	Date:
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FOR MORE INFORMATION, CONTACT THE SCHOOL LIAISON OFFICER AT (580)442-4831